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## BIB DATA SHEET

CONFIRMATION NO. 5752

|   |   |  |   |   |                           |                                |
|---|---|--|---|---|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/535,173  | <b>FILING or 371(c) DATE</b><br>05/16/2005<br><b>RULE</b>   | <b>CLASS</b><br>600                                      | <b>GROUP ART UNIT</b><br>3773   | <b>ATTORNEY DOCKET NO.</b><br>0518-1149 |                           |                                |
| <b>APPLICANTS</b><br>Claude Mialhe, Draguignan, FRANCE;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR03/50092 10/15/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 02/14287 11/15/2002<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> |   |  |   |   |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/SON H DANG/</u><br>Examiner's Signature                               |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>FRANCE   | <b>SHEETS DRAWINGS</b><br>3             | <b>TOTAL CLAIMS</b><br>15 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>YOUNG & THOMPSON<br>209 Madison Street<br>Suite 500<br>ALEXANDRIA, VA 22314<br>UNITED STATES  |   |  |   |   |                           |                                |
| <b>TITLE</b><br>Occlusive device for medical or surgical use  |   |  |   |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>450   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                           |                                |